DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the amendment received on 02/28/2011.

Claims 1-26 remain pending.

Claim Objections

2.   The objection of claim 26 has been withdrawn in light of the amendments.

However, claims 6, 8, 11, 12 are objected to because of the following informalities:

     a.   Claim 6 recites "...wherein the patient information displayed on the patient

information view block <u>outputs</u> pertinent content **in a in** chronological order."

     b.   Claim 8 recites: "...<u>when the request has been made by **a the** user</u>

<u>authenticated to have a viewing right</u>...". Examiner considers that there are

typographical errors in claims 6 and 8. Appropriate correction is required.

     d.   Claim 11 recites: "...when an order execution menu item is selected from

the 'My menu' block, **the controller**" and

     e.   Claim 12 recites: "...when a nursing note menu item is selected from the

'My menu' block**, the controller** and". Examiner considers the bolded sections (the

controller) were supposed to be deleted from claims 11 and 12. Appropriate correction

is required.

Claim Rejections - 35 USC § 103

3.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the

invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

4.   Claims 1-26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259).

       A.   Claim 1 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising:

              authenticating, using a controller, a request of a physician terminal connected to the medical information providing system when requesting a medical information management service for a physician from a network (Campbell; col. 6, lines 20-63);

              transmitting using the controller, a physician's web screen to the physician terminal when it is determined by the authentication procedure that the request has been made by an authenticated user (Campbell; col. 6, lines 20-63), the physician's web screen comprising a user information display block which displays information on the physician, a main menu block which displays all menu items used by the physician, a My menu block which displays shortcut icons that activate the physician's preference menu items selected by the physician among the all menu items, a patient information view block which allows the physician to view information on a patient, and a patient information input block which allows the physician to enter information necessary for performing medical care actions (Campbell; col. 12, lines 13-20, col. 13, line 57 to col. 14, line 44 and col. 15, lines 6-52, col. 16, lines 31-54, figures 4, 9);

              displaying, using the controller, information in the user information display block when a patient to be cared for is selected, the information including patient

identification, department concerned, primary care physician diagnosis, and operation (Campbell; col. 7, lines 30-56);

storing, using the controller, the input information together with the patient information displayed in the user information display block when at least one information item selected from new outpatient, outpatient progress, new inpatient, admission progress, ask for referral, operation record, discharge record, medical certificate/request, form, and psychiatric findings is input through the patient information input block (Campbell; col. 9, lines 5-40), and

displaying, using the controller, retrieved pertinent stored information through the patient information view block when a request to view at least one information item selected from new outpatient, outpatient progress, examination query, ask for referral, form, new inpatient, admission progress, operation record, and discharge record is input through the patient information view block (Campbell; col. 9, lines 5-41).

Campbell teaches "a Physical Examination Screen 400, which includes the following graphical elements: the client patient banner 402 (user information display block), the presenting complaint box 404, a preventative care box 406 (patient information input block), a tentative diagnosis box 408 (patient information view block), a series of buttons 410 that list and navigate to screens used to obtain input and guide the user through the physical exam (my menu block), and control buttons 412-416 for changing the status of the exam." (Campbell; col. 12, lines 13-20 and figure 4). Although Campbell fails to expressly teach "a main menu block

which displays all menu items used by the physician", it would be a matter
of obvious design choice within the realm of one skilled in the art and "a
main menu block" can be added into Campbell's physical examination
screen to provide more menu items for the user.

B.   Claim 2 has been amended now to recite the method of claim 1, wherein
the user information display block displays at least an attending doctor menu item for
identifying and registering a physician other than a primary care physician, if any, a
Medication menu item for check information on medicines prescribed for the patient, a
patient information menu item for checking detailed identification information for the
patient, an alert menu item for inputting or viewing special status information on the
patient, and a reminder menu item for inputting or viewing matters to be attended in
caring the patient (Campbell; col. 11, line 30 to col. 12, line 2).

C.   Claim 3 has been amended now to recite the method of claim 1, further
comprising of:

displaying, using the controller, an order input window for inputting an order for
the patient on the physician terminal when the physician' web screen is output and
simultaneously an order input menu item is selected (Campbell; col. 15, lines 42-51, col.
16, line 14 to col. 17, line 45),

storing, using the controller, the order input through the order input window
(Campbell; col. 16, line 14 to col. 17, line 45); and

transmitting, using the controller, the stored order to the physician terminal to be

displayed when there is a request to view the order input through the patient information

view block (Campbell; col. 16, line 14 to col. 17, line 45).

D.   Claim 4 has been amended now to recite the method of claim 1, further

comprising: displaying, using the controller, in the patient information view block the

nursing notes input and stored through a nurse terminal when there is a request for view

nursing notes input through the patient information view block (Campbell; col. 9, lines 5-

41, col. 15, line 54 to col. 16, line 29).

E.   Claim 5 has been amended now to recite the method of claim 1, wherein

the information items input through the patient information input block, including new

outpatient, outpatient progress, new inpatient, admission progress, ask for referral,

operation record, discharge record, medical certificate/request, form, and psychiatric

findings, allow the physician to selectively check or to directly input the same (Campbell;

col. 9, line 42 to col. 10, line 62).

F.   Claim 6 has been amended now to recite the method of claim 1, wherein

the patient information displayed on the patient information view block outputs pertinent

content in a in chronological order (Campbell; col. 9, line 42 to col. 10, line 62).

G.   Claim 7 has been amended now to recite the method of claim 1, wherein

the patient information input block for inputting the information on new outpatient and

new inpatient information displays at least one menu item selected from of chief

complaint (CC), present illness (PI), past history (PHx1), past history2 (PHx2), review

systems (ROS), physical examination (PE) and treatment plan (A/P) (Campbell; col. 10, lines 13-29).

H.   Claim 8 has been amended now to recite the method of claim 1, further comprising: requesting stored information, using the controller, when the request has been made by a the user authenticated to have a viewing right and when the information input through the physician's web screen is stored and there is a request for the stored information from at least one terminal selected from the physician terminal, the nurse terminal, the clinical laboratory staff terminal, and the administrative staff terminal (Campbell; col. 6, lines 20-63, col. 9, lines 5-41).

I.   Claim 9 has been amended now to recite an online medical information management method applied to a medical information providing system, comprising

performing an authentication procedure for a request, using a controller, when a nurse terminal connected to the medical information providing system requests a medical information management service for a nurse through a network (Campbell; col. 6, lines 20-63),

transmitting a nurse's web screen to the nurse terminal, using the controller, when it is determined by the authentication procedure that the request has been made by an authenticated user (Campbell; col. 6, lines 20-63), the nurse's web screen comprising a user information display block which displays information on the nurse, a main menu block which displays all menu items used by the nurse, a My menu block which displays shortcut icons for activating the nurse's preference menu items selected by the nurse among the all menu items, a patient selection block which allows the nurse

to select a patient for searching information among a plurality of patients, and a patient

information input/output block which allows the nurse to enter or view information on the

patient (Campbell; col. 12, lines 13-20, col. 13, line 57 to col. 14, line 44 and col. 15,

lines 6-52, col. 16, lines 31-54, figures 4, 9, col. 7, lines 30-56);

displaying information in the user information display block, using the controller,

when a patient to be cared for is selected, the information including at least one

information item selected from patient identification, department concerned, primary

care physician, diagnosis, and operation (Campbell; col. 7, lines 30-56);

outputting the pertinent content to the patient information input/output block,

using the controller, when there is a request for activating at least one menu item of the

'My menu' block selected from order execution, nursing notes, clinical observation,

serious case nursing note, nursing activity execution, initial nursing information, post

discharge nursing plan, pre-operation nursing status checklist, nursing note and nursing

activity query, patient position check, medication issuance, diet issue and review,

examination result review, and discharge process (Campbell; col. 9, lines 5-41, col. 10,

lines 47-62, col. 11, line 30 to col. 12, line 2),

storing, using the controller, the information input through the patient information

input/output block therein (Campbell; col. 9, lines 5-41, col. 11, line 30 to col. 12, line 2),

and

outputting the requested information through the patient information input/output

block, using the controller, when there is a request for outputting the menu items, the

patient selection block displaying a first patient selection button for activating patient

selection, a second patient selection button displayed in different types according to the menu item selected by the first patient selection button, and a patient list for displaying a list of patients according to the menu item selected by the second patient selections button (Campbell; col. 10, lines 47-62).

Campbell teaches "a Physical Examination Screen 400, which includes the following graphical elements: the client patient banner 402 (user information display block), the presenting complaint box 404, a preventative care box 406 (patient information input block), a tentative diagnosis box 408 (patient information view block), a series of buttons 410 that list and navigate to screens used to obtain input and guide the user through the physical exam (my menu block), and control buttons 412-416 for changing the status of the exam." (Campbell; col. 12, lines 13-20 and figure 4). Although Campbell fails to expressly teach "a main menu block which displays all menu items used by the nurse", it would be a matter of obvious design choice within the realm of one skilled in the art and "a main menu block" can be added into Campbell's physical examination screen to provide more menu items for the user.

J.   Claim 10 has been amended now to recite the method of claim 9, wherein the user information display block displays at least one of an attending doctor menu item for identifying and registering an physician other than a primary care physician, a physician is designated, a medication menu item for check information on medicines prescribed for the patient, a patient information menu item for checking detailed

identification information for the patient, an alert menu item for inputting or viewing

special status information on the patient, and a reminder menu item for inputting or

viewing reminders to care for the patient (Campbell; abstract, col. 1, line 50 to col. 2,

line 13).

K.   Claim 11 has been amended now to recite the method of claim 9, further

comprising <u>displaying the order input and stored by the physician on the patient</u>

<u>information input/output block, using the controller,</u> when an order execution menu item

is selected from the 'My menu' block, the controller (Campbell; col. 9, lines 5-41, col. 12,

line 59 to col. 13, line 18)

L.   Claim 12 has been amended now to recite the method of claim 9, further

comprising <u>displaying items to be input to the nursing note, using the controller,</u> when a

nursing note menu item is selected from the 'My menu' block, the controller (Campbell;

col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29)and

        <u>displaying the selected item through the patient information input/output block</u>

when there is a request for storing the selected item among the items (Campbell; col. 9,

lines 5-41, col. 15, line 54 to col. 16, line 29).

M.   Claim 13 has been amended now to recite the method of claim 9, further

comprising

        <u>displaying, using the controller, the pertinent screen on the patient information</u>

<u>input/output block</u> when a clinical observation menu item is selected from the 'My menu'

block (Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29),

storing, _using the controller,_ the clinical observation information input through the

input/output block (Campbell; col. 9, lines 5-41, col. 15, line 54 to col. 16, line 29) and

outputting, _using the controller,_ the _clinical observation information_ through the

patient information input/output block (Campbell; col. 9, lines 5-41, col. 15, line 54 to col.

16, line 29).

N.   Claim 14 has been amended now to recite the method of claim 9, wherein

the information input through the nurse's web screen is stored and there is a request for

the stored information from at least one selected from the physician terminal, the nurse

terminal, the clinical laboratory staff terminal, and the administrative staff terminal, the

information is transmitted for viewing when the request has been made from the user

authenticated to have a viewing right (Campbell; col. 9, lines 5-41, col. 15, line 54 to col.

16, line 29).

O.   Claim 15 has been amended now to recite an online medical information

management method applied to a medical information providing system, comprising:

performing an authentication procedure for a request, using a controller, when

there is a request for a medical information management service for clinical laboratory

staff from at least one selected from the physician terminal, the nurse terminal, and the

clinical laboratory staff terminal connected to the medical information providing system

through a network (Campbell; col. 5, lines 33-61, col. 6, lines 20-63),

transmitting a clinical laboratory staffs web screen to the requesting terminal,

using the controller, when it is determined by the authentication procedure that the

request has been made by an authenticated user (Campbell; col. 6, lines 20-63), the

clinical laboratory staff's screen including a user information display block <u>which</u>

<u>displays information on the clinical laboratory staff,</u> a main menu block <u>which displays</u>

<u>all menu items used by the clinical laboratory staff,</u> and a patient information

input/output block <u>which allows the clinical laboratory staff to enter or view information</u>

<u>on a patient</u> (Campbell; col. 12, lines 13-20, col. 13, line 57 to col. 14, line 44 and col.

15, lines 6-52, col. 16, lines 31-54, figures 4, 9, col. 7, lines 30-56)<u>;</u>

      <u>displaying information on the user information display block, using the controller,</u>

when a patient to be reviewed is selected, the information including patient

identification, department concerned, primary care physician, diagnosis, operation,

examination history, consultation history, treatment history, treatment room and

examining room (Campbell; col. 7, lines 30-56);

      outputting<u>, using the controller,</u> pertinent information accordingly to the content of

the menu item selected from the main menu block to the patient information input/output

block (Campbell; col. 9, lines 5-41, col. 10, lines 47-62, col. 11, line 30 to col. 12, line 2);

      storing, <u>using the controller,</u> the examination or treatment related information

input through the patient information input/output block (Campbell; col. 9, lines 5-41, col.

11, line 30 to col. 12, line 2), and

      outputting, <u>using the controller,</u> the examination or treatment related information

when there is a request for reviewing the information, wherein the clinical laboratory

staff's web screen is at least one <u>of</u> a web screen for information on function tests

assigned to the respective departments concerned, a web screen for a rehabilitation

service for physical therapy and occupational therapy, and a web screen for

radiotherapy (Campbell; col. 5, lines 33-61, col. 8, lines 1-25, col. 9, lines 5-40).

> Campbell teaches "a Physical Examination Screen 400, which includes
>
> the following graphical elements: the client patient banner 402 (user
>
> information display block), the presenting complaint box 404, a
>
> preventative care box 406 (patient information input block), a tentative
>
> diagnosis box 408 (patient information view block), a series of buttons 410
>
> that list and navigate to screens used to obtain input and guide the user
>
> through the physical exam (my menu block), and control buttons 412-416
>
> for changing the status of the exam." (Campbell; col. 12, lines 13-20 and
>
> figure 4). Although Campbell fails to expressly teach "a main menu block
>
> which displays all menu items used by the clinical laboratory staff", it
>
> would be a matter of obvious design choice within the realm of one skilled
>
> in the art and "a main menu block" can be added into Campbell's physical
>
> examination screen to provide more menu items for the user.

P.   Claim 16 has been amended now to recite the method of claim 15,

wherein: when the clinical laboratory staff's web screen is a web screen for displaying

information on function tests assigned to the respective departments concerned, the

main menu block comprises menu items selected from order view, reservation query,

reservation, registration, execution, interpretation and statistics related to examination,

examination code management, reservation and registration of laboratory standard

information, and a clinical laboratory registration menu (Campbell; col. 8, lines 1-25, col.

9, lines 5-40),

outputting, using the controller, the information corresponding to the selected

menu item to the patient information input/output block (Campbell; col. 8, lines 1-25, col.

9, lines 5-40), and

storing, using the controller, the input information input through the patient

information input/output block (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

Q.   Claim 17 has been amended now to recite the method of claim 15,

wherein when the clinical laboratory staff's web screen is a web screen for displaying

information on rehabilitation, the method further comprising:

including in the main menu block at least one menu item selected from an

outgoing patient query menu, a patient identification query menu, a registration menu, a

therapist allocation menu, a treatment schedule query menu, and a statistics menu,

outputting, using the controller, the information corresponding to the selected

menu item to the patient information input/output block and

storing, using the controller, the input information input through the patient

information input/output block (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

R.   Claim 18 has been amended now to recite the method of claim 15,

wherein when the clinical laboratory staff's web screen is a web screen for displaying

information on health examination for medical checkup for health promotion, the method

further comprising:

outputting, using the controller, a plurality of health examination

menu forms in a standard type of package, receiving (Campbell; col. 8, lines 1-25, col.

9, lines 5-40),

storing reservation registrations (Campbell; col. 8, lines 1-25, col. 9, lines 5-40),

outputting contents corresponding to the registrations (Campbell; col. 8, lines 1-

25, col. 9, lines 5-40), and

storing data resulting after checking whether the health examination has been

executed (Campbell; col. 8, lines 1-25, col. 9, lines 5-40).

S.   Claim 19 has been amended now to recite the method of claim 15,

wherein when the clinical laboratory staff's web screen is a web screen for displaying

information on the treatment result by radiotherapy, the method further comprises

outputting, using the controller, information on a patient to be subjected to

radiotherapy, and

storing data resulting after checking whether the radiotherapy has been

executed.

> Campbell teaches treatment results in col. 1, line 62 to col. 2, line 13 and
>
> col. 6, lines 47-55. Campbell fails to expressly teach the treatment result
>
> by radiotherapy; however, it would have been an obvious option to include
>
> "radiotherapy treatment results" into Campbell's interactive method for
>
> managing physical exams.

T.   Claim 20 has been amended now to recite the method of claim 15,

wherein information displayed when the menu items are selected is information input

through at least one terminal selected from the physician terminal, the nurse terminal,

the clinical laboratory staff terminal, and the administrative staff terminal (Campbell;

abstract, col. 2, lines 14-21, col. 3, lines 34-46).

U.   Claim 21 has been amended now to recite an online medical information

management method applied to a medical information providing system, comprising the

        managing, using a controller, medical information for patient

care (Campbell; col. 6, lines 20-63);

        transmitting, using the controller, a physician's web screen, a nurse's web

screen, and a clinical laboratory staff's web screen for medical information management

to each of a physician terminal, a nurse terminal, and a clinical laboratory staff terminal,

which are connected to the service providing system through a network (Campbell; col.

6, lines 20-63),

        storing the medical information to allow the user to share the information input

through the respective terminals through the web screens (Campbell; abstract, col. 9,

lines 5-40);

        supplying, using the controller, pertinent decision support information retrieved

from the decision support information stored in a decision support management unit to

the requesting user through the corresponding decision support web screen when there

is a request for viewing decision support information through a menu item supplied from

the at least one of the physician's web screen, the nurse's web screen, and the clinical

laboratory staff's web screen (Campbell; col. 6, lines 20-63, col. 7, lines 30-56),

storing, using the controller, information input by at least one user selected from

a physician, a nurse or an clinical laboratory staff member through the physician's

decision support web screen and, when it is desired to convert the

input information based on prestored patient information (Campbell; abstract, col. 9,

lines 5-40),

performing a pertinent calculation (Campbell; col. 9, lines 5-40, col. 12, lines 48-

58)

supplying a results of the calculation through the decision support web screen

(Campbell; abstract, col. 9, lines 5-40) when anticancer agent web screen is selected by

the requesting user, the controller calculates an appropriate dose of anticancer agent

based on prestored patient's weight information and body surface area information and

displays the calculated appropriate dose on the anticancer agent web screen; and

allowing, using the controller, the information input through the decision support

web screen to be viewed through the user's web screen (Campbell; col. 13, line 58 to

col. 14, line 35); and

issuing an alert message to the user's web screen when the information input

through the user's web screen is inappropriate information with respect to the decision

support information stored in the decision support management unit, the decision

support information including at least one information item selected from anticancer

agent information, antibiotics information, blood transfusion prescription information,

and medicine information (Campbell; col. 13, line 58 to col. 14, line 35).

Campbell teaches "...the server generates tentative diagnosis based on observations collected during the physical exam" in col. 12, lines 52-53. Although Campbell does not teach "supplying <u>a results of the</u> calculation <u>when anticancer agent web screen is selected by the requesting user, the controller calculates an appropriate dose of anticancer agent based on prestored patient's weight information and body surface area information and displays the calculated appropriate dose on the anticancer agent web screen</u>", it would have been a matter of simple addition to include this feature into Campbell's interactive method and system for managing physical exams, since "computer programs that calculates the dose of anticancer agent based on formulas using body weight and body surface area" it is well known in the healthcare art that (see references cited). Thus, the simple addition of one known element for this system producing a predictable result renders the claim obvious. Additionally, it would have been obvious to include calculating the dose of anticancer agent into the method of Campbell in order to provide another diagnosis.

V.   Claim 22 has been amended now to recite the method of claim 21, wherein the decision support web screen for displaying various types of information on an anticancer agent <u>comprises</u> at least one submenu item selected from Select Regimen, View clinical laboratory test results and Modify Regimen, Prescribe Regimen, Prescriber antiemetics, and Discharge plan, the anticancer agent web screen performing at least one function selected from management of an anticancer agent

protocol, issuance of a prescription for the anticancer agent, query of information on

related medications, and access to a patient's blue sheet.

>Campbell teaches test results in col. 8, lines 1-26. Campbell fails to
>
>expressly teach the anticancer agent; however, it would have been an
>
>obvious option to include "anticancer agent" into Campbell's interactive
>
>method for managing physical exams including the lab tests.

Y.   Claim 23 has been amended now to recite the method of claim 21,

wherein the antibiotics web screen of the decision support web screen for providing a

variety of information related to antibiotics allows antibiotic-related information including

type and does of antibiotics used for specific illnesses or indications to be managed in a

database and performs functions of controlling/managing actual prescriptions issued.

>Campbell teaches displaying prescription dosage and frequency in col. 19,
>
>lines 20-39. Campbell fails to expressly teach the antibiotics web screen of
>
>the decision support web screen for providing a variety of information
>
>related to antibiotics allows antibiotic-related information; however, it
>
>would have been an obvious option to include "antibiotic- related
>
>information" into Campbell's interactive method for managing physical
>
>exams including the prescriptions.

Z.   Claim 24 has been amended now to recite the method of claim 21,

wherein the blood transfusion prescription information screen supplies the user with

various types of information including detailed information on blood components to be

transfused to the patient on a quantity of blood components suitable for the patient's

status, receives and stores transfusion-related orders, and supplies the user with order

contents through the user's web screen when there is a request for the orders.

Campbell teaches lab test results and displaying prescription

dosage/frequency as explained in claims 22-23. Campbell fails to

expressly teach the blood transfusion prescription information screen;

however, it would have been an obvious option to include "the blood

transfusion prescription information screen" into Campbell's interactive

method for managing physical exams including the prescriptions and lab

results.

AA.   Claim 25 has been amended now to recite the method of claim 21,

wherein the medication information web screen of the decision support web screen, for

inputting and viewing a variety of medication information, displays at least one

information item selected from brand name, generic name, dose, dosage, instructions

for use, unit, pharmaceutical company, dosage form, insurance price and code, and

information on dose limitations, medication code, medication interaction code,

interacting medication code, medication contraindication code, contraindicating item

code, allergy code, allergen code, insurance stipulations that may contain period of

medication prescription, information on dosage, information on names of medication

and diagnosed illness, and information order of medication use, each of the information

items being categorized into information on prescription for medication, information on

medication warning, information on insurance stipulations, and information on

medication classification (Campbell; col. 15, lines 29-52, col. 19, lines 20-39).

BB.   Claim 26 has been amended now to recite the method of claim 21, <u>further</u>

<u>comprising: displaying functions on the decision support web screen for a manager,</u>

<u>using the controller,</u> when a user authorized for management requests through the

user's web screen at least one function selected from correcting, deleting and editing of

the decision support information and registration of new decision support information

(Campbell; col. 6, lines 20-63).

Response to Arguments

5.   Applicant's arguments filed 02/28/2011 have been fully considered but they are

not persuasive.

6.   In response to Applicant's argument about Campbell does not teach "a My menu

block which displays shortcut icons for activating the physician's preference menu items

selected by the physician among the all menu items", Examiner respectfully submits

that Campbell teaches "a series of buttons 410 that list and navigate to screens used to

obtain input and guide the user through the physical exam" in col. 12, lines 13-20,

7.   In response to Applicant's argument about Campbell does not teach "physician's

web screen comprises all blocks of the user information display block, the main menu

block, the My menu block, the patient information input block and the patient information

input block **on singular screen**"; In response to applicant's argument that the

references fail to show certain features of applicant's invention, it is noted that the

features upon which applicant relies (i.e., blocks on a singular screen) are not recited in

the rejected claim(s). Although the claims are interpreted in light of the specification,

limitations from the specification are not read into the claims. See *In re Van Geuns*, 988

F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).Furthermore, Examiner respectfully

submits that Campbell teaches "a Physical Examination Screen 400, which includes the

following graphical elements: the client patient banner 402 (user information display

block), the presenting complaint box 404, a preventative care box 406 (patient

information input block), a tentative diagnosis box 408 (patient information view block),

a series of buttons 410 that list and navigate to screens used to obtain input and guide

the user through the physical exam (my menu block), and control buttons 412-416 for

changing the status of the exam." (Campbell; col. 12, lines 13-20 and figure 4). Although

Campbell fails to expressly teach "a main menu block which displays all menu items

used by the physician", it would be a matter of obvious design choice within the realm of

one skilled in the art and "a main menu block" can be added into Campbell's physical

examination screen to provide more menu items for the user.

Conclusion

8.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure. The prior art cited but not used teach "Body surface Area in

Dosing Anticancer Agents: Scratch the Surface" (Antonius A. Miller, Journal of the

National Cancer Institute, 2002), "Standardization of the Body Surface Area (BSA)

Formula to Calculate the dose of Anticancer Agents in Japan" (Kouno et al., Oxford

Journals, 2003).

9.   **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time

policy as set forth in 37 CFR 1.136(a).

10.   A shortened statutory period for reply to this final action is set to expire THREE

MONTHS from the mailing date of this action. In the event a first reply is filed within

TWO MONTHS of the mailing date of this final action and the advisory action is not

mailed until after the end of the THREE-MONTH shortened statutory period, then the

shortened statutory period will expire on the date the advisory action is mailed, and any

extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later

than SIX MONTHS from the mailing date of this final action.

11.   Any inquiry concerning this communication or earlier communications from the

examiner should be directed to DILEK COBANOGLU whose telephone number is

(571)272-8295. The examiner can normally be reached on 8-4:30.

12.   If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Robert Morgan can be reached on 571-272-6773. The fax phone number

for the organization where this application or proceeding is assigned is 571-273-8300.

13.   Information regarding the status of an application may be obtained from the

Patent Application Information Retrieval (PAIR) system. Status information for

published applications may be obtained from either Private PAIR or Public PAIR.

Status information for unpublished applications is available through Private PAIR only.

For more information about the PAIR system, see http://pair-direct.uspto.gov. Should

you have questions on access to the Private PAIR system, contact the Electronic

Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

USPTO Customer Service Representative or access to the automated information

system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Dilek B Cobanoglu/
Primary Examiner, Art Unit 3626